



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

EGYPT

The National AIDS Program of Egypt reports that at the end of December 2003, 1,838 cases of HIV/AIDS had been reported to the Ministry of Health and Population. This figure differs somewhat from the estimate of 8,000 HIV-positive individuals made by UNAIDS and the World Health Organization at the end of 2001. The difference between reported cases and estimates may be indicative of

weaknesses in the surveillance system. Though the adult HIV-prevalence rate is lower than 1 percent in the general population, concentrations of infection in vulnerable populations are likely.

Estimated number of adults and children living with HIV/AIDS (end 2003)	1,838
Total population (2001)	69.08 million
Adult HIV prevalence (end 2002)	<0.1%
HIV-1 seroprevalence in urban areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	0%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.02%

Sources: UNAIDS, U.S. Census Bureau, Ministry of Health and Population National AIDS Program

Nearly 89 percent of known HIV/AIDS cases have occurred among men, and 67 percent of infections have occurred among individuals between 30 and 39 years of age. Sexual contact is the primary mode of HIV transmission, accounting for 69 percent of all known HIV infections. Other modes of transmission include infection via blood and blood products (12 percent) and injecting drug use (4 percent); however, 11 percent of cases are attributed to unknown or untraceable modes of transmission. Mother-to-child transmission of HIV is thought to be negligible in Egypt (0.5 percent).

Discussion of sexual practices is culturally difficult throughout most of Egypt and presents a major challenge to keeping the public informed. Barrier methods of contraception, which offer some protection against sexually transmitted infections, receive little promotion and use. The government is acutely aware that discussion of sexual matters is highly controversial.



Map of Egypt: PCL Map Collection, University of Texas

Egypt faces several challenges in maintaining a low prevalence of HIV/AIDS. They include:

- A weak system of prevention and surveillance for sexually transmitted infections, including HIV
- Poor access to reproductive health information and health care, particularly by young people and women
- An influx of refugees from Sudan and neighboring Horn of Africa countries that have much higher HIV-prevalence rates
- Inferior status of women, with low rates of employment and completion of secondary school
- Large numbers of Egyptian men who work abroad and may return home with HIV infection
- Pervasive fear and stigma
- Low condom demand and use

1300 Pennsylvania
Avenue NW
Washington, DC
20523-3600

www.usaid.gov

- Significant but hidden commercial sex work
- A hidden and persecuted population of men who have sex with men
- Growing and unclear patterns of injecting drug use
- Inadequate universal precautions applied in blood banks and unsafe injection practices

NATIONAL RESPONSE

The Ministry of Health and Population has established a national HIV/AIDS control program. Its HIV/AIDS Hotline, developed with a grant from the Ford Foundation and assistance from USAID, is considered one of the most innovative prevention activities in the region. On average, the hotline receives more than 1,000 calls per month, some of which are made from other Arab countries and by Egyptians living abroad. Most of the callers are young men seeking anonymous access to information about AIDS and basic sex education.

HIV/AIDS-case reporting occurs primarily on the basis of mandatory testing. Those who require testing are Egyptian nationals who leave to work abroad, blood donors, and foreigners who enter Egypt to stay more than three months. Voluntary testing is available at public and private testing centers, but positive results and the names of individuals who test positive for HIV must be reported to the Ministry of Health and Population. In reality, however, it is difficult to enforce this in private testing centers, and some laboratories that offer HIV tests do not report their data to the ministry.

USAID SUPPORT

The relatively low number of reported HIV infections and active AIDS cases has not ignited widespread donor action. In general, the donor community is not directly addressing vulnerable populations, and HIV/AIDS prevention and care are not the primary focus of most projects.

Egypt is one of 31 countries receiving limited resources from the United States Agency for International Development (USAID) to monitor and track HIV prevalence; to provide technical assistance, training, and commodity support; and to leverage additional sources of funding and support.

USAID funding for the control of infectious diseases in Egypt, including HIV/AIDS and tuberculosis, will amount to about \$3.8 million in 2004, primarily through the Improved Disease Surveillance and Response Project. USAID intends to continue developing epidemiological and surveillance facilities; to upgrade the capacity of governorates' common laboratories in 14 additional governorates; and to continue quality-control programs at the central Public Health Laboratory and the national tuberculosis and HIV/AIDS programs.

Most of USAID/Egypt's support to HIV/AIDS is provided through the IMPACT Project, implemented by Family Health International.

Behavior change communication

USAID funds are being used to break the silence associated with HIV/AIDS. Efforts to thwart a widespread epidemic focus on those most vulnerable to HIV infection, including injecting drug users and those living away from their families. With USAID funding, Family Health International is implementing a pilot project with a local nongovernmental organization to target injecting drug users. Family Health International will facilitate the design and launch of a national behavior change media campaign in 2004.

Involvement of people living with HIV/AIDS

Most people living with HIV/AIDS in Egypt are still invisible. Progress in combating the epidemic will be impossible unless AIDS becomes visible, stigma is challenged, and people living with HIV are encouraged to play their part in a community-wide AIDS response. This requires resolve and courageous leadership at various levels, particularly by government and religious leaders.

USAID advocated awareness within the Government of Egypt of the need to improve HIV/AIDS case management and to begin implementation of antiretroviral therapy in selected hospitals in 2004. By the end of 2003, only 15 HIV-positive individuals were receiving antiretroviral therapy from the public sector. USAID plans to work through the IMPACT Project to support the establishment of a sustainable system for effective antiretroviral therapy delivery in Egypt, accompanied by health care professionals and laboratory expertise capable of managing treatment protocols. USAID will continue to support training of a cadre of professionals in the clinical management of HIV/AIDS.

Monitoring and evaluation

A situational analysis of the National Blood Transfusion Service Donor Recruitment Program, completed in 2000 through IMPACT, provided the basis for an \$850,000 Blood Donor Recruitment Project to complement a blood bank project sponsored by the Government of Switzerland. In 2001, USAID added \$1 million to cover the blood bank and HIV/AIDS prevention activities in Egypt. This project has yielded a framework to increase voluntary blood donations, including record-keeping and data management systems to enable retention of safe donors; a course in basic principles of safe blood collection; and universal precaution guidelines, policies, and procedures. This work continued through 2003, through the USAID-funded IMPACT project.

Prevention and surveillance

Research has demonstrated that the presence of sexually transmitted infections increases the rate of HIV transmission. Through IMPACT, USAID was able to conduct a prevalence study of sexually transmitted infections with the Ministry of Health and Population. Results of this study are being used to design culturally appropriate interventions, and USAID will assist the Ministry of Health and Population to establish sentinel surveillance sites for HIV/AIDS and sexually transmitted infections in Cairo and Alexandria. USAID will also support a bio-behavioral surveillance survey among key target groups in collaboration with the Ministry of Health and Population and local organizations.

Through a service agreement with the United States Naval Medical Research Unit No. 3, USAID is providing technical assistance to the Ministry of Health and Population to establish an epidemiology and surveillance system that will track the prevalence of 27 priority infectious diseases, including HIV/AIDS; to upgrade the capacity of central and governorates' common laboratories; and to promote national infectious control guidelines and safe injection practices in Egypt.

In 2003, Family Health International identified a nongovernmental organization that works with injecting drug users and will continue to fund its outreach services into 2004, and perhaps beyond. Because of political and cultural constraints to working with commercial sex workers, men who have sex with men, and other vulnerable populations, USAID is working with its partners to find unique ways to provide such populations with prevention and care services.

Voluntary counseling and testing

Family Health International is working with the Ministry of Health and Population to develop policies and guidelines for all voluntary counseling and testing centers, along with materials and curricula for training counselors. A national monitoring and evaluation plan for voluntary counseling and testing has been established to ensure a standardized approach to policies, operating procedures, and counseling guidelines. To support Egypt's response to HIV/AIDS, USAID is providing technical and logistical support to establish three voluntary counseling and testing centers, the first of these facilities in the country.

Youth and HIV/AIDS

Increasingly USAID and other donors seek to ensure that appropriate information on prevention and healthy lifestyles goes out to young Egyptians. The information must be in a language they understand and to which they can relate. Research has shown that regardless of the stage of the epidemic, investing in young people is a high-return strategy. In every country where HIV transmission has been reduced, it has been among young people that the most notable reductions have occurred.

With USAID funding, the Centre for Development and Population Activities is implementing a \$6 million program, New Horizons for Girls, designed to improve health and educational opportunities for girls and young women living in Upper Egypt. Appropriate messages were provided by USAID/Egypt's Population and Health Team to ensure that the topics of sexually transmitted infections and HIV/AIDS were specifically addressed. A similar project focusing on the needs of boys and young men will present information on HIV/AIDS as well.

Discussions with program managers who work with street children and out-of-school youth have verified that a significant number of children may be exposed to sexual activities that place them at risk for HIV infection. USAID efforts will be expanded to assist these populations.

FOR MORE INFORMATION

Emad Yanni, M.D.
Population and Health Officer
USAID/Egypt
Block 1/A, Off El-Laselki Street
New Maadi
Cairo, Egypt
Postal code 11435
Tel. 20-2-522-7000
Fax: 20-2-516-4659 – 20-522-7041

USAID/Egypt Website: <http://www.usaid-eg.org>
USAID HIV/AIDS Website for Egypt:
http://www.usaid.gov/pop_health/aids/Countries/ane/egypt.html

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